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# TRANSMITTAL FORM

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Total Number of Pages in This Submission

|                        |                        |
|------------------------|------------------------|
| Application Number     | 10/525,259             |
| Filing Date            | 02/22/2005             |
| First Named Inventor   | Wan, Margaret          |
| Art Unit               | 1651                   |
| Examiner Name          | Fernandez, Susan Emily |
| Attorney Docket Number | 13404US                |

## ENCLOSURES (Check all that apply)

|  |  |  |
|--|--|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached   | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers   | <input type="checkbox"/> After Allowance Communication to TC   |
| <input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)                                  | <input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information |
| <input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD   | <input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify below):   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)  | <input type="checkbox"/> Remarks   |  |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53                               |  |  |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |                    |          |       |
|--------------|--------------------|----------|-------|
| Firm Name    |                    |          |       |
| Signature    | Patricia A Coburn  |          |       |
| Printed name | Patricia A. Coburn |          |       |
| Date         | January 28, 2009   | Reg. No. | 28594 |

## CERTIFICATE OF TRANSMISSION/MAILING - EPS

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Signature

Judy Readman

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Judy Readman

Date

1-29-2009